group; the geometric mean ratio between each FTY720 group and placebo is also obtained along with its 95% Cl, and is back-transformed to obtain the geometric mean percent change from placebo and its 95% Cl.

Additional PD variables are calculated: baseline-adjusted $FEV_1$ AUC0-6 h on Day 10 and baseline-adjusted $FEV_1$ Emax1-6 h on Days 1 and 10. The Emax variables are defined as the ratio between Day 1 (or Day 10) and Day −1 regarding the minimum from 6 assessments scheduled at 1 to 6 hours post dose. Those variables are defined for $FEV_1$ as well as for the other PFT parameters (FVC, $FEF_{25-75\%}$, and $FEV_1$/FVC) and are analyzed using the same model as for the primary PD endpoint.

The time-course of the PFT parameters is explored on Day 1 over the 12-hour profile and on Day 10 over the 6-hour profile. The percent change from time-matched baseline in $FEV_1$, FVC, $FEF_{25-75\%}$, and $FEV_1$/FVC is summarized by means of descriptive statistics at each visit/time point. The log-transformed ratio from time-match baseline is analyzed, separately at each post-baseline visit/time point, by means of a linear model adjusted for the time-matched log-transformed baseline value and the treatment group as fixed effect. For each FTY720 group, the estimate for the mean treatment difference versus placebo and its 95% Cl are obtained from the model and are back-transformed to obtain the geometric mean percent change from placebo and its 95% Cl. No adjustment was made to the P values for multiple testing.

The results show that at a daily dosage of 0.5 mg FTY720 is safe and well tolerated in patients with moderate asthma.

The invention claimed is:

**1**. A method for treating relapsing remitting multiple sclerosis in a patient in need thereof, the method comprising:

(a) identifying a patient at risk of contracting infection caused by varicella zoster virus by testing said patient for a history of infection caused by varicella zoster virus,

(b) vaccinating the patient at risk of contracting infection caused by varicella zoster virus, and

(c) administering orally fingolimod or a pharmaceutically acceptable salt thereof to said patient at a daily dosage of 0.5 mg,

thereby limiting the risk of infection caused by varicella zoster virus.

**2**. The method according to claim **1**, wherein treating comprises reducing the frequency of clinical exacerbations.

**3**. The method according to claim **1**, wherein fingolimod is administered as a hydrochloride salt.

**4**. The method according to claim **1**, wherein the infection is chickenpox.

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